

A call for employment policy reform within the Vermont Agency of Human Services, and a request for action by the Vermont State Legislature.

The Economic Services Division (ESD), Department of Children and Families (DCF), within the Vermont Agency of Human Services (AHS), determined that I no longer qualify for the Medicaid Working People With Disabilities (MWPDP) Program (aka "Medicaid Buy-in"). I have been a recipient of the benefit for several years. It was an important part of my recovery and wellness.

DCF policy dictates that Social Security Disability Insurance (SSDI) income under MWPDP is no longer deferrable under SSA retirement. My monthly SSA income now exceeds the limit for Medicaid eligibility, although it remains well below the National Federal Poverty Level Guidelines. I filed a petition for clarification with the AHS Fair Hearing Board. DCF rules were upheld. The Fair Hearing Report No. L-10/13-731 (Public Record follows) details numerous examples of DCF's incompetence and mistreatment of the very clients they are supposed to be serving. (For some reason the sign-off page with the Hearing Service Board's dated signatures is not included).

<http://humanservices.vermont.gov/boards-committees/hsb/decisions/fh-2013-through/fh-13-731/view>

States have considerable leeway to expand (or not expand) Medicaid regulations under the Affordable Care Act (ACA) and the Americans With Disabilities Act (ADA) in addressing poverty issues. It appears that ESD/DCF administrators are not acquainted with the implications, cost effectiveness and humane efficiency of this new service delivery opportunity, they are misinformed, or even worse they are not interested.

I experience chronic mental health challenges and consider employment essential for my emotional well-being, regardless of my age and retirement status.

The National Institute on Disability and Rehabilitation Research (NIDRR) reports that many persons with psychiatric disabilities are often misunderstood, and even discouraged from actualizing their career goals. Nearly one in four people who receive SSDI have been diagnosed with a mental disorder. Only 17 percent of people who receive government assistance for more serious mental illnesses are working. The unemployment rate of 90% is far higher than the 50% rate among persons with physical, sensory, and other disabilities. ("WH pushes jobs for mentally disabled" *The Hill*, Washington D.C., 25 March 2014)

Employment of people with mental illness who are able and willing to work, increases self-esteem and promotes independence and a sense of purpose and accomplishment. Employers fill job openings. Consumers contribute to society through the return of paid taxes and Social Security earnings. There is a reduced use and cost for government health, disability, and housing benefits.

My psychiatric and dental health care are no longer affordable. These services are among the first to be withheld for everyone with chronic medical needs living on a subsistence income. Rising Medicare insurance premiums and pharmacy co-payments are a hardship. I have a recurring issue with dryness of mouth brought on by the side effects of medications, and have delayed getting treatment for a related problem with tooth decay.

Eliminating employment disincentives for all older adults should have a highest legislative and human services priority. Existing policies will continue to have an increasing negative social and economic impact on persons with mental illnesses and other disabilities, as the Post World War Two generation reaches retirement age.

Whitney Nichols, Windham-2-1, Brattleboro, Vermont, Revised March 2015.